

Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<i>Complete If Known</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>Application Number</b></td> <td>10/821,522</td> </tr> <tr> <td><b>Filing Date</b></td> <td>April 9, 2004</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Agnew, Brian</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1626</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>Powers, Fiona</td> </tr> </table>		<b>Application Number</b>	10/821,522	<b>Filing Date</b>	April 9, 2004	<b>First Named Inventor</b>	Agnew, Brian	<b>Art Unit</b>	1626	<b>Examiner Name</b>	Powers, Fiona
<b>Application Number</b>	10/821,522														
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<b>First Named Inventor</b>	Agnew, Brian														
<b>Art Unit</b>	1626														
<b>Examiner Name</b>	Powers, Fiona														
Sheet	1	of	1	Attorney Docket No: IVGN 705.2 CIP											

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Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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EXAMINER

/Fiona T. Powers/

DATE CONSIDERED

12/03/2007